

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No. 4113-00100

**First Inventor** **Tristan Simon**

## Title | Food Presentation Method and System

Express Mail Label No. EL994264309US

## **APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Mail Stop Patent Application  
Commissioner for Patents  
P. O. Box 1450  
Arlington VA 22313-1450

- |   |  |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18 ]<br/><i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]</p> <p>5. Oath and Declaration [Total Pages 2 ]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 20px;">ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of ID Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p>   |  |

## ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
  - 37 CFR 3.73(b) Statement  Power of Attorney  
*(when there is an assignee)*
  - English Translation Document (*if applicable*)
  - Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
  - Preliminary Amendment
  - Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
  - Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
  - Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
  - Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-Part (CIP)  
*or application information:* \_\_\_\_\_  
Examiner \_\_\_\_\_

of prior application No.:  
Group/Art Unit:

*Prior application information:* Examiner Group/Art Unit:  
**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## **18. CORRESPONDENCE ADDRESS**

Customer Number of Bar Code Label 30652 or  Correspondence address below

Name \_\_\_\_\_

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at [john.smith@researchinstitute.org](mailto:john.smith@researchinstitute.org).

**Address** \_\_\_\_\_

Table 1. Summary of the main characteristics of the four groups of patients.

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

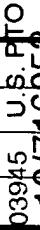
Country : Telephone : Fax :

Name (Print/Type)      Albert C. Metrailler      Registration No. (Attorney/Agent)      27145

Name (First/Last) Albert C. McDaniel Registration No. (Attorney/Agent) 27145

**Signature**  Date: 11-19-2013

Signature: John C. Williams Date: 11/10/03



111803  
1777 U.S.PTO

# FEE TRANSMITTAL For FY 2003

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** \$ 1,022.00

## METHOD OF PAYMENT (Check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number: 50-1515  
Deposit Account Name: Conley Rose, P.C.

The Commissioner is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing Fee	\$ 770.00
1002 330	2002 165	Design filing fee	\$
1003 520	2003 260	Plant filing fee	\$
1004 750	2004 375	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

**SUBTOTAL (1)** \$ 770.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from Extra Claims below	Fee Paid
Total Claims	34	-20** = 14 x 9.00	= \$ 252.00
Independent Claims	3	-3** = 0 x 84.00	= \$
Multiple Dependent		280.00	= \$ 00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent Claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid over original patent
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** \$ 252.00

*\*\* or number previously paid, if greater; For Reissues, see above*

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Albert C. Metrailler	Registration No. (Attorney/Agent)	27145	Telephone	(972) 731.2288
Signature	<i>Albert C. Metrailler</i>			Date	11-18-03

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.